

North Carolina Department of Transportation
DIVISION OF MOTOR VEHICLES
VEHICLE SERVICES SECTION
3145 Mail Service Center
Raleigh, North Carolina 27699-3145

APPLICATION FOR: MOTOR VEHICLE LICENSE PLATE AGENCY Commission Contractor

1. Office Location: _____ Date: _____

2. Mr. ☐ Mrs. ☐ Ms. ☐ _____
(LAST) (FIRST) (MIDDLE) (MAIDEN NAME)

3. Mailing Address: _____
(STREET & NUMBER OR RFD) (CITY) (COUNTY) (STATE) (ZIP CODE)

Telephone: Home (or where you can be reached) _____ Business: _____

4. Date of Birth: _____ Sex: _____ Social Security Number: _____

5. Are you a citizen of the United States? Yes ☐ No ☐ Dates of residence in North Carolina: _____

6. If your answer to any of the following questions is "Yes," explain on the Continuation Sheet (page 4).

A. Have you any health defect or physical handicap? Yes ☐ No ☐

B. Have you ever been arrested, indicted, or convicted of a violation of any law (other than minor traffic violations)?
Yes ☐ No ☐

C. Have you ever been discharged or asked to resign from a position? Yes ☐ No ☐

D. Are you subject to call for active military duty or training to fulfill draft or reserve obligations? Yes ☐ No ☐

7. Are you related by blood or marriage to any person now employed by the State of North Carolina? Yes ☐ No ☐

If "Yes," give name, relationship, and agency: _____

8. EDUCATIONAL RECORD:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED												College: 1 2 3 4				Graduate School: 1 2 3 4			
Schools	Name and Location	Dates Attended	Grad?		S/Q Hrs.	Maj./Min. Course Work		Type		Deg.									
High School			Yes																
			No																
College University			Yes																
			No																
Graduate or Professional			Yes																
			No																
Other educational vocational school internship, etc.			Yes																
			No																

9. State typing ability _____

10. Have you had any experience in cashier work? Yes ☐ No ☐

11. Have you had any experience in motor vehicle title work? Yes ☐ No ☐

12. Do you plan to operate agency in conjunction with another business? Yes ☐ No ☐ If "Yes," explain other business:

13. Give proposed office location with a description of the facility and available parking: _____

14. EMPLOYMENT RECORD:

Current or Last Employer			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving:	May We contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Separated (mo/yr)		Duties:			
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

Employer			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving:	May We contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Separated (mo/yr)		Duties:			
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

Employer			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving:	May We contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Separated (mo/yr)		Duties:			
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

Employer			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving:	May We contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Separated (mo/yr)		Duties:			
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

15. FINANCIAL STATEMENT:

ASSETS: _____

LIABILITIES: _____

16. CREDIT REFERENCES:

(A) Name _____ Account No. _____

Address _____

(B) Name _____ Account No. _____

Address _____

(C) Name _____ Account No. _____

Address _____

17. PERSONAL REFERENCES: Other than relatives, who can certify to your character, work experience and business capabilities.

(A) Name _____

Address _____

(B) Name _____

Address _____

(C) Name _____

Address _____

CERTIFICATION BY APPLICANT

I hereby certify that all answers and statements in this application are true. I am aware that should any investigation disclose misrepresentation or falsification, I shall be disqualified for consideration for the position of Commission Contractor.

Date _____ Applicant's Signature _____

CONTINUATION SHEET